VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 11205 CERTIFICATE OF DEATH

| | PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |
|------------|--|
| | a. COUNTY Calvert CO. MARYLAND a. STATE M. C. b. COUNTY CRIVERT |
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) |
| | Prince Fredrick 24 & 8 months Huntingtown |
| 1 | d. NAME OF HOSPITAL (If not in hospital, give street address) OR ANSTITUTION e. IS RESIDENCE ON A FARM? |
| | Calvir hursing Nome, 1 |
| | NAME OF Day Yeor DECEASED (Type or print) (Typ |
| 5. | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Igal birthday) Months Days Hours Min. |
| | male, white, widowed or Divorced Dec 23-1867 93, yrs. Manths Doys Hours Min. |
| 100 | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or torsign country) |
| | FARMER TOBACCO MARVLAND U.S.A. |
| 13, | FATHER'S NAME |
| | William. Col. SusAN Jurner. |
| 15. (Ye | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT In rig. of unknown] [If yes, give wor or dates of service) Address |
| | NO Mrs. Myra Cox - Huntinglown, MD. |
| | 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] |
| | PART I. DEATH WAS CAUSED BY: BY ON any that also |
| | 420./ DUE TO |
| | Canditions, if ony, which) (b) Cells tolk |
| | gave rise to immediate cause (o), stating the under- |
| _ | lying cause lost. (c) |
| CATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? |
| A) | YES NO |
| CERTIFI | 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) |
| MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stote) |
| ME. | Hour o. m. While Not while at work at work |
| | 21. I certify that (1) (this hospital) aftended the deceased from 9/10 196/, to 196/, to 196/, that (1) (we) last |
| | sow the deceased glive an 10/6 1961, and that death occurred at 74M, from the causes and on the date stated above. |
| | 22b, DATE 22b, DATE |
| | M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 10/9/6 |
| | PAME (Type) / G. Q. Wee M.S. Lantingtown md. |
| 230 | BURIAL, CREMATION, 236, DATE HEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town, or county) (Stote) |
| | BUTIAL Oct. 10 1961 Mt. HARMONU CEMETERY OWINGS MD. |
| 24, | FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE |
| 1 | Fulchin Funeral Home Owings med DATEDCT 13 '61 |
| W. | |

7. 1011 OF A TOPINS L'ASSAULT L'ESTA L'ESTA LE LA LINE DE L'ASSAULT L'ASSA Linky to Aren't and the control of t 7.7 1012101 - & & Weems ms thenteristeen me The state of the s Lith street brown Much pol

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| a Di | g physicion and campletely filled in by the funeral director, | led with | |
| the state of course of the state of the stat | Funeral : | ould be fi | 1 |
| 5 | the | Show S | |
| | in by | and | |
| | filled | des 1 | |
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| 2000 | cample | papers. | - op |
| 0 | and | Pan | Ac sh |
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| | physi | emove. | thereto abban of C |
| | (T) | 2 | C |

| MARYLAND | STATE DEPARTMENT | OF | HEALTH-BALTIMORE, | 18 |
|----------|------------------|----|-------------------|----|
| 000 | OFFICIO A TE | - | D. P. A. P. A. | |

| 11206 | CERTIFICATE OF DEATH | | | | |
|-------------------------------------|---|---------------|--|--|--|
| 1. PLACE OF DEATH D. COUNTY Calvert | MARYLAND 2. USUAL RESIDENCE (Where decease 0. STATE Maryland | d lived. b | | | |

| Re | g. Dist. No. | 1119: |
|------------------------------|---------------|--------------------------------------|
| If institution: Re COUNTY | alvert | odmissian) |
| is, write RURAL | and give near | est town) |
| | e | IS RESIDENCE ON A FARM? YES NO |
| Month | Day | Yeor |
| toher | 30 | va 61 |

| | | outside corporate li | nits, write | c. LENGTH OF STA | Y IN 1b | c. CITY OR | TOWN (If o | utside corpor | ate limits, write R | JRAL and | give near | est town | |
|--|--|--|-------------|---|------------------|---|-----------------------------|------------------------|---|-----------|----------------|----------|-------------------|
| Pri | Prince frederick 7 mos. | | | | X | Dunki | | | | | | | |
| d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Calvert County Hospital | | | | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO | | | | | | | FARM? | | |
| 3. NAMI DECE/ (Type | | WILLIA | irst M | ELWOOD | | FONNER | 1 | 4. DATE OF DEATH | Octobe: | | 30 Day | | eor 9 61 |
| 5. SEX | ale | 6. COLOR OR RAC | 7. MARK | RIED NEVER MARE | | Sept. 9 | | | 9. AGE (In years lost birthday) 34 yrs. | Months | 1 YEAR Days | Hours | R 24 HRS. Min. |
| Per | ng most of work | N (Give kind of woring life, even if retine Specia | d | ASCS Of | | | Maryl | and | unity) | 12. CIT | IZEN OF | WHAT | COUNTRY |
| | | | | | | 14. MOTHER'S | MAIDEN N | AME | | | | | |
| | lwood F | | | | | | elle | Whit | е | | | | |
| Yes, no, or | DECEASED EVER | IN U. S. ARMED FC f yes, give war or dates o | ammer mt | SOCIAL SECURITY NO. | | | ood F | onner | , Dunkii | | ary | land | |
| 18. | PART I. DEAT | TH [Enter only one H WAS CAUSED BY IMMEDIATE CAUSE | | Hemorrha | - | to the | spinal | cord | | | ONSE | T AND I | DEATH |
| | nditions, if on we rise to im | | O (b) | Syringobi | ulbia | | | | | | 15 | yrs | • |
| lyin | se (o), stating the groups lost. | he <u>under-</u> DUE T | (c) | Syringom | | | | | | | 15 | yrs | • |
| CERTIFICATION | PART II. OTHI | ER SIGNIFICANT CO | NDITIONS C | CONTRIBUTING TO DI | EATH BUT I | NOT RELATED TO | THE TERMIN | NAL DISEASE | CONDITION GIV | EN IN PAR | | PERFOR | WED3 |
| | ACCIDENT WAS CONTRIBUTING I THER, NOTIFY A | UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER | 20b. DESC | CRIBE HOW INJURY (| OCCURRED | . (Enter nature a | f injury in Po | ort I or Port | II of item 18.) | | | | |
| WEDICAL | TIME OF INJURY Hour e. m. p. m. | Month, Doy, Y | While | Not while of work | 20e. PLA fact | CE OF INJURY II lory, street, office | Hame, form, bldg., etc.) | 20f. (City | or lown) | (C | ounly) | | (Stote) |
| 21. | I certify the | at I attended th | e decease | ed from Mar | 7 | 19 63 | to Oc | t. 30 | , 19_6] | that LI | ast son | u tha c | ocogra |
| aliv | e an O | tober 30 | | | | occurred at | 6:30 r | ≥M, fram | the causes a | nd an th | ie date | state | above E SIGNED |
| SIGN | JAL JATURE | agil | 110 | M | N | A.D. Pr | ince | Freder | ick, Md. | | | 11-1- | -61 |
| PHYS | HCIAN'S | | - | | | | | | | | | | |

NAME (Type) Page C. Jett

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county

220. BURIAL, CREMATION, 22b. DAJE THEREOF SEMOVAL-(Specify) 100/3, 19 BUNERAL DIRECTOR'S SIGNATURE

Home

724a. REC'D BY REGUTRAR

216. REGISTRAR'S SIGNATURE

15M 10/57

Description of the Control of the Co A SATURE A SATURATION OF THE S There Try 3 1961 707 / Garnet deplet mules Feet Gerteley Farend Home Wing M.

| 1 | | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 |
|--|----------|--|
| 8 3 | 6 | 11207 MEDICAL EXAMINER'S CERTIFICATE OF DEATH |
| die die | (XA | Reg. Dist. No. 2.2.10 |
| should b | IAI | 1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE DAYNER of Chared lived. If institution, Residence priore admireston) O. STATE D. COUNTY D. COUNTY |
| Page A | | b. CHTORTOWN (If outside corporate limits, write RURAL ond give nearest town) |
| r. Po | | Owner & way & |
| - 6 | V | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? |
| directed dir | A | YES NO |
| 3 to the factor for your fi | | 3. NAME OF DECEASED (Type or print) OF Pirst Modele (Type or print) OF Pirst Month Dry Year OF DEATH |
| far y | | 5. SEX 1 6. COLOR OR RACE 1. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE 18 YEAR IF UNDER 14 HRS. |
| # d # | | Months Days Hours Min. |
| | | 100- USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPIA CONSIDER OF Greege country) 12. CITIZEN OF WHAT COUNTRY? |
| be re | | Tanna (Trefined) |
| 6 - | | 13. FATHER'S NAME 14. MODIER'S MAIDEN NAME |
| ages 1 ye 5 m pages | T | frank Hall Agran Arollas |
| Page Page File po | (1) | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 NFORMARY Address |
| S G | | full fang Vary lice |
| P.W. | | 18. CAUSE OF DEATH [Enler only one cause per line for (a), 15%, and (c).] PART I. DEATH WAS CAUSED BY: |
| fari | | IMMEDIATE CAUSE (0) Color Celebration |
| is it it is the state of the st | | Conditions, if ony, which) the land of the conditions of the cond |
| ig a -i | | gove rise to immediate coute (O), stating the underlying DUE TO |
| 6 4 B | | cause lost. (c) |
| P. Se | 6 | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? |
| r's C | V | Stelle william a ba |
| The diffe | | Page EXTERNAL CAUSE WAS 20b. DESCRISE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) E PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CAUSE OF DEATH. |
| Exa | | 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 200 (C) or town) (Couph) (State) |
| the lical | | Hour o. m. 10/5 19/ While Not while of work of the |
| Med | | 2). I certify that I tack charge of the remains described above, held an Autapsy . Inspection . Inquiry . and find that |
| hief R: | 1 | death resulted fram. Natural causes Accident , Suicide , Hamicide , Undetermined cause . |
| ate, CTO | The same | |
| To To | | SIGNATURE M.D. CHIEF MEDICAL EXAMINER DATE SIGNED |
| ded ded | | EXAMINER'S ASSISTANT MEDICAL EXAMINER [] |
| rward FUNER | - | NAME (Type) DEPUTY MEDICAL EXAMINER 1 22d. BORIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stole) |
| 2 to 9 | 10 | 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, fown, or county) (Stole) 10-7,61 Mt. Hope Sunderland Md |
| ATEMACIES | 1 | 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D 8Y REGISTRAR 246. REGISTRAR'S SIGNATURE |
| 5. A15ME(5) 5M 9/55 | | Pinkney E. Sewell Pr. Frederick, Md. parect 10'61 Civiling S. Trans |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11208

CERTIFICATE OF DEATH

Reg. Dist. No. 11197

| | | | | | | | | MAN PIST | . 140. | |
|--|--|------------------|---------------------|----------------------|---|------------------------|---|-------------|----------------|--------------------------|
| 1. PLACE OF DEATH a. COUNTY | Calvert | | MARY | l l | o. STATE Maryl | | d lived. If instituti b. COUNTY | | | ision) |
| b. CITY OR TOWN (I RURAL and give no OWING | If outside corporate limi earest town} 'S | ts, write | c. LENGTH OF STAY | 11 | c. CITY OR TOWN (IF | outside corpo | profe limits, write f | URAL and gi | ve nearest low | n) |
| d. NAME OF HOSPIT OR INSTITUTION | AL (If not in hospital, g | ive street | oddress) | f | d. STREET ADDRESS | | | | ON | SIDENCE A FARM? NO |
| 3. NAME OF DECEASED (Type or print) | BERTHA | | Middle ELIZABET | гн н | Lost ARDESTY | 4. DATE OF DEATH | Octob | | Doy 10 | Year 1961 |
| s. sex Female | 6. COLOR OR RACE white | 7. MARR | IED NEVER MARRIE | _ | eb. 17, 18 | 92 | 9. AGE (In years last birthdoy) 69 yrs. | | YEAR IF UNI | - |
| | ON (Give kind of work of king life, even if retired) | done 10b. | KIND OF BUSINESS OF | R INDUSTR | 11. BIRTHPLACE (Stole Mary) | _ | country) | 12. CITIZ | S. A | T COUNTRY |
| Wesley | Sherbert | | | | 4. MOTHER'S MAIDEN | NAME ON | shy | | | |
| 15. WAS DECEASED EVE (Yes, no. or unknown) | R IN U. S. ARMED FOR (If yes, give wor or detex of to | | SOCIAL SECURITY NO. | Ber | keley Hard | esty | Owings | | land | |
| Conditions, if an gove rise to it cause (a), stating lying cause lost. | mmediate (| 11 | pelwi | io C | V.R. des | 2003 | ٩ | | ONSET AND | DEATH |
| CAT | | | | | T RELATED TO THE TERM | | | EN IN PART | PERF | AUTOPSY ORMED? |
| | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) | | | | | | | | | |
| ZOc. TIME OF INJUR Hour a.m. p. m. | Y Month, Day, Yec | White of work | Not white | 20e. PLACE foctor | OF INJURY (Home, form, street, office bldg., etc. | n, 20f. (City | or town) | (Co | unty) | (State) |
| actual SIGNATURE PHYSICIAN'S NAME (Type) | at I attended the | 19 G | Hun | M.o | 1949, toff curred of Hunth | land | n the causes of typest, city or town, | and an the | date stat | |
| 220. BURIAL, CREMATIO REMOVAL (Specify) BULLAL | Oct. 12, | f 196. | 22c. NAME OF CEME | | | | ION (City, town, on dship, | | Co. Me | _ ` |
| 23. FUNERAL DIRECTOR | S SIGNATURE | ->14 | ADDRESS Owing | | | D BY REGIST | TRAR 24b. REGIS | TRAR'S SIGN | NATURE | |

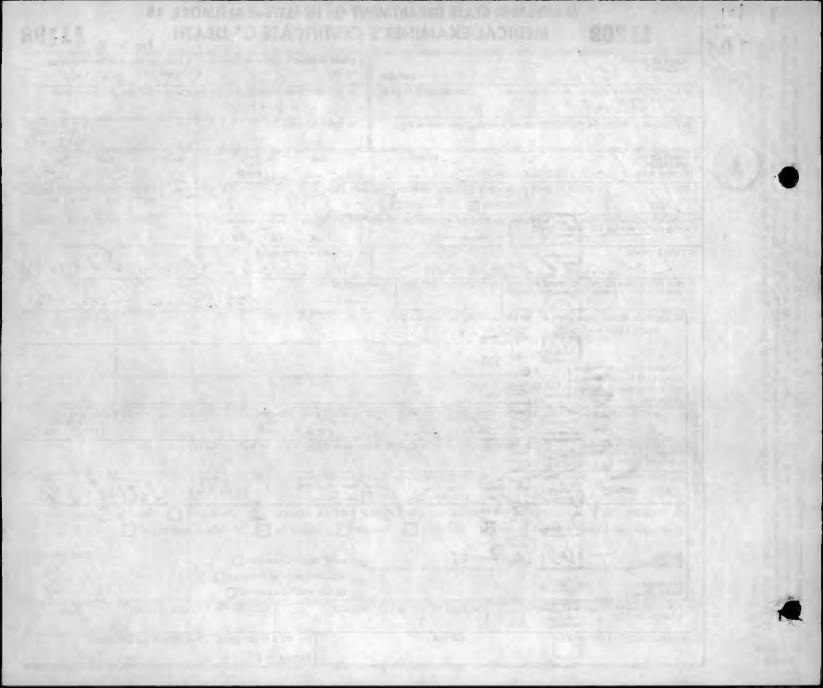
VS A15 (4) 15M 10/57

AT INCOMEDIAGE METALE OF THE WITHOUT BY THE BELLY 16.84 The second second in the second secon the later to was trong

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11209 ay is necessory, please exe-director. Page 4 should be cremotion Reg. Dist. No. 2. USUAL RESIDENCE (Whee's deceased lived. If institution: Residence be PLACE OF DEATH o. COUNTY a. STATE b. COUNTY MARYLAND buriol, b. CIDE OR TOWN III outlide corporale limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 0 d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? files. YES NO 3. NAME OF DATE Month Day Year DECEASED (Type or print) DEATH the for 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER TYEAR 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 24 HRS. ŧ lost birthday) Days Min. Hours WIDOWED [DIVORCED 0 aine Fi.3 YIL. co 10g. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIJPSPLACE (State or (afeign country) 12. CITIZEN OF WHAT COUNTRY? 9 c during most of working life, even if retired) puo ofter 2, ond 13. FATHER'S NAME 1, 2, may Poges Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT File within Give PM3 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (b) INTERNAL BETWEEN PART I. DEATH WAS CAUSED BY: form IMMEDIATE CAUSE (6) in Item olong with for buriof-transit DUE TO Conditions, if ony, which pencil gave rise to immediate couse certificate should **DUE TO** (o), stoting the underlying cause lost. 2. 0 iner's Office PART ILL THE SIGNIFICANT CONDITIONS CONTROLLING TO DEATH BUT NOT RELATED TO THE TERMINATOR ASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY used as PERFORMED? NOT 26. DESCRIBE HOW INJURY OCCURRED. (Enter nature of july in Port I or Part II of item 18.) 200. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. should ward 20d. INJURY OCCURRED 20e. BLACE OF INJURY (Home, form, 120f. 20c. TIME OF INJURY Month, Day, Year JOHT or lown) ((Count) (State) odory, street, office bldg., etc.) The certificate, writing the volume of the Medical FUNERAL DIRECTOR: Page 3 st While of work al work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Inquiry and find that death resulted from: Natural causes N Accident Suicide . Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) REMOVAL (Specify 0 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE OCT 11 '61 Cirkbur & Krauge 5M 9/55

40002

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



urs after death, Page

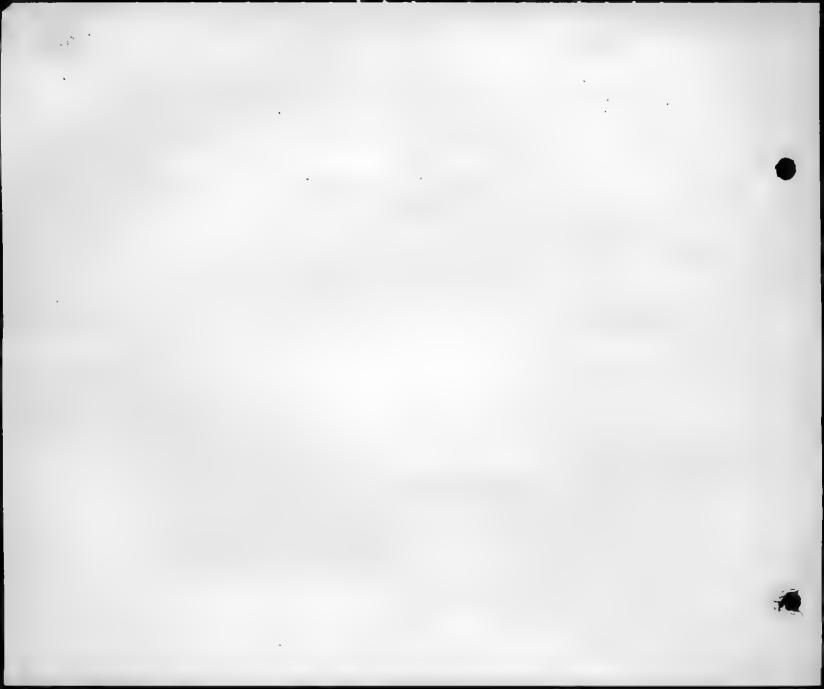
law requires that the death certificate



TO HC

VR A15 (4) 1SM 9/S9

| | PLACE OF DEATH O. COUNTY MARYLAN MARYLAN | - 11 | USUAL RESIDENCE (| (Where deceased | lived If enstitution b COUNTY | 12 1 | fore admission) |
|----------|---|------------|---|-----------------------|---------------------------------|----------------|---|
| | b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | 16 | CITY OR TOWN | (If outside corpore | ote limits, write R | | |
| - | d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Color of the street of | 1 | d. STREET ADDRESS | | | | e. IS RESIDENCE ON A FARM? YES NO |
| | NAME OF First Middle | 11 8 | Last | 4. DATE | Mon | th | Day Year |
| | DECEASED (Type or print) | / | Heck | OF DEATH | | 0 | 11 1961 |
| \$ 5 | SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED DIVORCED | | ATE OF BIRTH | 1. 9 | AGE (In years lost birthdoy) | Months Day | |
| 100 | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR II | | 10/10/ | inte or foreign cou | * | 12.CITIZEN | OF WHAT COUNTRY |
| | during most of working life, even if retired) | 1003111 | , skill base (or | 0.2 0. 10.0.3.1 | ,, | | |
| 13. | FATHER'S NAME | 14 | MOTHER'S MAIDE | N NAME | | | |
| | | | Dorr. | 5 Wa | HS | | |
| | WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1, no or unknown) 1 (If yes, give wer or dates of service) | 17, INFOR | MANT | | Addr | ess / | |
| | | 0 | 31:5 6 | wa #5 | - 16 | 1-569 | hal |
| | IB CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] | _ | | 1 Vega 1 | ۲. | 1 11 | ITERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) | | -41 | * 9 | . 1 | | THE PERIOD |
| | 776× DUE TO | | , (| 24 we | us o | / | |
| | Conditions, if ony, which) [b] | | | | | | |
| | gove rise to immediate couse (p), stating the under- | | | | | | |
| | tying couse lost. (c) | | | | | | |
| CATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH | BUT NOT | RELATED TO THE TE | RMINAL DISEASE | CONDITION GIV | EN IN PART 1(o | 19 WAS AUTOPSY PERFORMED? YES NO |
| CERTIFIC | 20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | URRED (E | nter noture of injury | in Port I or Port | Il of item 18.) | | |
| WEDICAL | Hour o.m. While Not while | e. PLACE (| OF INJURY (Home, f street, office bldg., | form, 20f (City etc.) | or town) | (Count | y) (Stote |
| × | p, m. 19 of wark _ of wark _ | | 1 | | | | |
| | 21. I certify that (I) (this haspital) attended the deceased fro | am | | 19.4 , .ta | | , 19 | that (I) (we) las |
| | | at deat | accurred at | M, fram t | he causes an | d on the do | te <u>stated</u> abave |
| | 220 SIGNATURE, | M.D | ATTENDING PHYS | MED DIRECTOR [| STAFF PHYS | | 226 DATE SIGNED |
| | 22c PHYSICIAN'S NAME (Type) | ` | 22d ADDRESS | | | .4. | |
| 230 | BURIAL CREMATION, 236 DATE THEREOF 234 NAME OF CEMETER | RY OR CR | EMATORY | 23d. LOCATI | ON (City, town, | or county) | (State) |
| L | REMOVAL (Specify) 10-12-61 St. Ac | ohr | a | | LUA | luj, | Md |
| 24. | FUNERAL DIRECTOR'S SIGNATURE ADDRESS | | 250 R | ECID BY REGISTR | | TRAR'S SIGNAT | |
| | Kinkney E. Dewell, Shine | 17 | DATE | SOL LO C | | nthun & M | tais. |
| | * | | | | | | |



haurs after death. Page 4

0

may retained by the hospital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending pllysician and mampletely fitted in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Baard of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs after death

IAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a

TO HO

VR A1S (4) 1SM 9/59

| | DE COUNTY | MARYLAND | 2. USUAL RESIDENCE (Whe | re deceased lived. If institution b COUNTY | n Residence befare admissi | 5n) |
|------------|--|--------------------------------|--|--|--------------------------------|-------------------------|
| | b. CITY Of TOWN (If authide corporate limits, write RUPAL and-give nearest lown) | GTH OF STAY IN 16 | c. CITY OR TOWN IF au | tside carporate limits, write R | RAL and give nearest town | |
| | d. NAME OF HOSPITAL (If part in haspital, give street address) OPANSTIPETION OF AN ACADEM RESERVED | retal | d. STREET ADDRESS | | e. IS RES ON A YES | FARM? |
| 3. | NAME OF DECEASED (Type or print) | F. Huml | nhreise | 4. DATE OF DEATH | h Day | 961 |
| S. | SEX 6. COLOR OR RACE 7 MARRIED WIDOWED 1 | NEVER MARRIED B. | DATE OF BIRTY | 9 AGE (In years lost birthdoy) yrs. | Months Days Hours | R 24 HRS Min. |
| 100 | to USUAL OCCUPATION (Give kind of work done 10b, KIND Oduring most af working life, even if retired) | | RY 11. BIRTHPLACE (State o | 0 | 12 CITIZEN OF WHAT C | OUNTRY? |
| 13. | FATHER'S NAME | teme_ | 14. MOTHER'S MAIDEN NA | CME CHI CALL | 104 | |
| 15. (Ye | WAS DECEASED EVER IN U. S. ASMED FORCES? 16. SOCIAL I. no. of inhown {If yes, give wor' or dates of service) | SECURITY NO. 17 INFO | ORMANT / X | I shome | oss > 1 | n/ |
| - | 1B. CAUSE OF DEATH [Enter only one couse per line for (or PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which) |), (b), and (c)]- liac He | cluse (| uyocad tuna | DESTRICT AND | IWEEN DEATH COLLD |
| CATION | gove rise to immediate cause (o), stoting the under-lying cause tost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIB | CALALA UTING TO DEATH BUT N | OT RELATED TO THE TERMIN | line Cuas | 18 1 PART 1(a) 19. WAS . PERFO | ALTOPSY RMED? |
| CERTIFI | 20g ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOOF CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | OW INJURY OCCURRED. | (Enter noture of injury in Po | ort I ar Port II of item 18.) | YES 🔲 | но 🗆 |
| MEDICAL | 20c. TIME OF INJURY Manth, Doy, Yeor 20d. INJURY C Hour o. m. While Not work ☐ at | at while focta | E OF INJURY (Hame, form, iry, street, affice bldg., etc.) | 20f. (City or town) | (Caunty) | (State) |
| | 21. I certify that (I) (this haspital) attended the saw the deceased alive an 1220 SIGNATURE | | ath accurred of 30 | D to 10/2-6. M, fram the causes an | | |
| | 22c. PHYSICIAN'S NAME (Type) PAGE C. JE | M. | D. ATTENDING MED PHYS DIR 22d. ADDRESS | ECTOR STAFF | JERICK | 3 |
| Ľ | Qureal Cat 29 1961 Mil | Addopse L | Vapel | Seely, Cal | rest 6 1 | nd |
| 24 | ELNERAL DIRECTOR'S SIGNATURE | DORESS MA | 25a. REC'D DATE | | TRAR'S SIGNATURE | |



| 12 | MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND |
|---|--|
| FOR STATE | 11213 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11202 |
| MEALTH DEPT. | 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institut of Residence before admiration) a. COUNTY |
| necessary, sector. Page our files. | MARYLAND MARYLAND MARYLAND |
| director. | write RURAL and give nearest fown) c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest fown) |
| lay is nectoral director for your Board of | d. NAME OF HOSPITAL OPANSTITUTION (3f not in hospital, g va straet address) a. IS RESIDENCE ON A FARM? |
| unera ined ined ined ined | YES NO |
| at at a set | 3. NAME OF DECEASED (Type or print) Pole (Type or print) Death (O) 29 19 6/ |
| | 5 SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH RACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| or dea 5 may 1 2 will hour | WIDOWED DIVORCED 10/22/8/ |
| s 1, 2 s 1, 2 s 3 s 3 7 2 1 | 10s OLUAL CCUPATION Go kind of work doughtung most of working its, avan if refired) 10b. Kind OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Spits or foreign country) 11. BIRTHPLACE (Spits or foreign country) |
| Pages A3. Pages Ages 1 | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME |
| Give P Give P m PM ile pa | William H. Jones Maria Waters |
| I within 18. Girl form mit. File | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) ((Hysesgivawarordatasofservice) 213-10-1975 Grace Jones 16.05 mulberry St.Bal |
| cured I fem in an | 18. CAUSE OF DEATH [Enter only one chose par I me for [a], (b), of (c).] |
| ocil in la along along transit and in | PART I. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) |
| n per ffice urial- vval, | Conditions, if any, which (b) |
| Sano Sano Sano | gave rise to immediata causa (a), stating the underlying DUE TO |
| ficate mine mine sed a | cause last. |
| certification and the | PART II. OTHER SIGNIFICANT CONDITIONS CONTINUITY OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. |
| This wor edical ould by crem | 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.) |
| INER: | |
| Armiti writi | 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f City or town) Hour Bull 1/29 16 al work al wo |
| Cate, DR. The Prior | 21. I certify that I took charge of the remains described bove, held an Autopsy Inspection, Inquiry, and in my opinion |
| out, CT | death resulted from, Natural causes Accident . Suicide . Homicide . Undetermined manner |
| MEDI(ie the cal forward L DIRE ated ag | ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED |
| UIY Nexecute ld be fo | SIGNATURE ADD. ASSISTANT MEDICAL EXAMINER ADD. 10/29/6/ |
| | NAME (Type) Address (Street, city, town, or county) 22a, BURAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) |
| or its | REMOVAL (Specify) |
| VS. ATSME | 23. FUNERAL DIRECTOR ADDRESS 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE |
| 5M 7/59 | Pinkney E. Sewell Prine trederick DATE NOV 3 161 arthur S. Home |

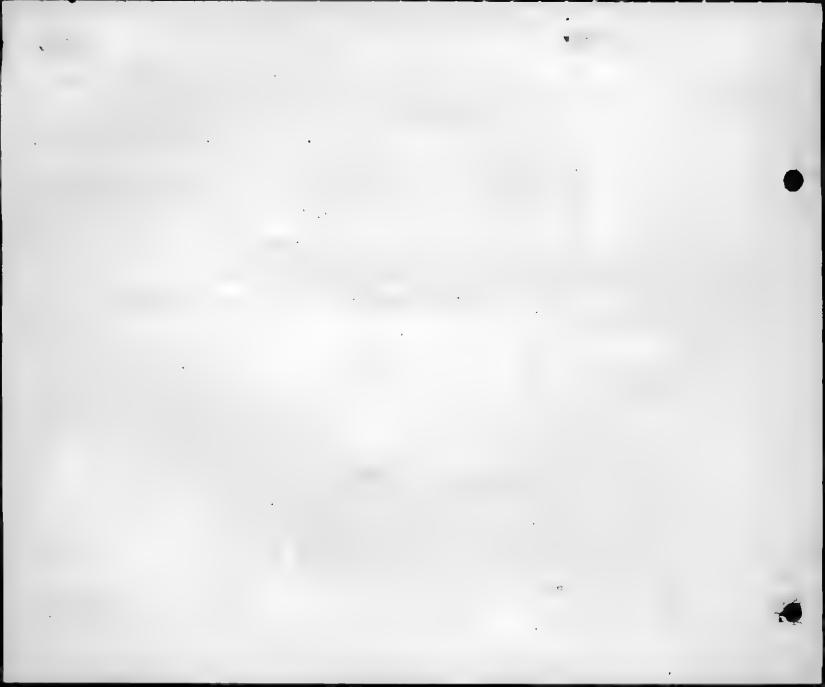


VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11214

| | | LACE OF DEATH COUNTY | 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) a. STATE b. COUNTY |
|---|---------------|---|--|
| | ľ | Cobrest | a. STATE Med b. COUNTY Baltenine |
|) | Ŀ | c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) | c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| | <u> </u> | d. NAME OF HOSPITAL (If not in haspital, give street oddress) | d. STREET ADDRESS e. IS RESIDENCE |
| | ` | OR INSTITUTION | ON A FARM? |
| 1 | | | 6/04 Fusteriste Urinue YES NO |
| | 3. P | NAME OF First Middle | 2 Last 4. DATE Manth Day Year |
| | - | Type or print) Theme T. To | mer DEATH Oct. 1-5, 1961 |
| | 5. S | 6 COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Doys Hours Min. |
| | | WIDOWED TO DIVORCED | Oct, 9, 1881 80 yrs. |
| | 10o. | USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU | JSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? |
| | | Houseulo Thomas | Pennsylvania 21.5. 9. |
| | 13. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| 1 | | Welliams) Little | Matica |
| | | | INFORMANT Address |
| | (Yes, | no or unknown III yes, give war or dates of service. | a gola Cochrane - Barstow, Med. |
| | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | INTERVAL BETWEEN |
| | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) | acleany 1 from |
| | | AT THE OUE TO CO | |
| | | Conditions, if any, which) (b) | the alun Schene |
| | | gave rise to immediate Dus to | |
| | | lying couse last. | |
| 5 | z | PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU | T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY |
| Ī | CATK | | PERFORMED? YES NO |
| | CERTIFICATION | 20g accident was underlying [] Or contributing [] Cause of Death (IF either, notify medical examiner) | ED (Enter nature of injury in Part I or Part II of item 1B) |
| | MEDICAL | | LACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) |
| | MED. | Hour o.m., While Not while for p.m., 19 of wark of wark | actory, street, office bldg., etc.) |
| | ~ | | 18 1 10 10 10 10 10 10 10 10 10 10 10 10 1 |
| | | 2) I certify that (I) (this haspital) attended the deceased from saw the deceased alive an OFT N 19 G/ and that | 4 3 |
| | | saw the deceased glive an Oly 19 67 and that | death accurred at fram the causes and on the date stated abave |
| | | (Livellanes) | M D PHYS. MED. STAFF PHYS. 19/6 6 |
| | | 22c PHYSICIAN'S NAME (Type) | 22d ADDRESS |
| | | M. de VILLARREAL | ST. LEONARDS, MD. |
| | 23a | BURIA, CREMAT ON, 23b. DATE THEREOF 23c NAME OF CEMETERY C BEMOVAL (Special) Oct. 17, 1961 Cabwey C | OR CREMATORY 23d LOCATION (City town, or county) (State) Linethry Barstow - Cabrello - Mid. |
| | 24 | FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 7 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE |
| | 14 | . G. Hackness From - Melulus | DATOCT 17'61 |

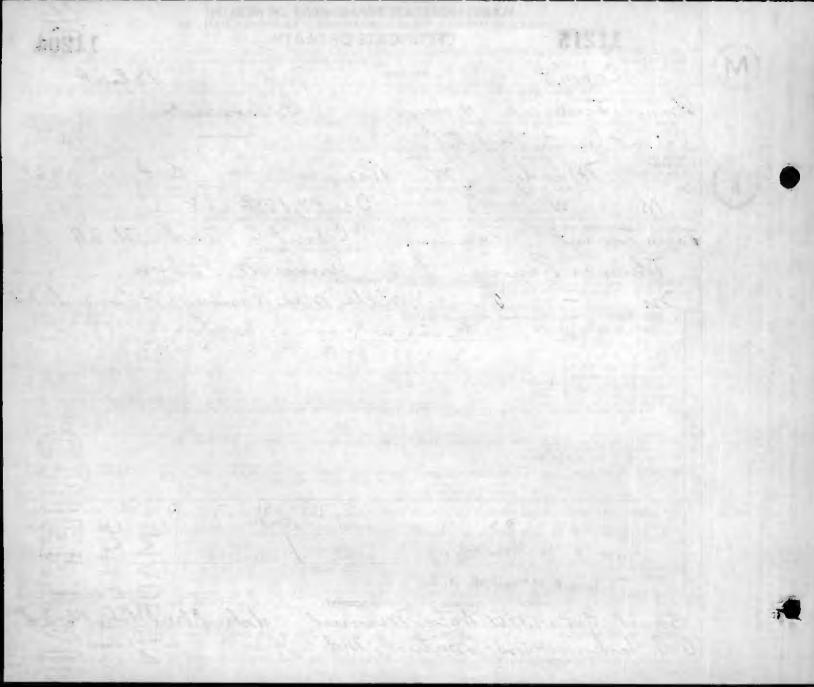


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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| 1 | 1 | 0 | ś | 1 | 4 |
|---|---|----|----|---|-----|
| B | H | 1. | ₹. | 8 | LL. |

| | | o. COUNTY Cabrest | MA | RYLAND 2 | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Calculate The state of the | | | |
|---|--|---|---|--------------|--|--|--|--|
| | 6 | DURAL and give negretations) | mils, write c. LENGTH OF ST. | AY IN 16 | c. CITY OR TOWN (If autside corporate limits, write RURAL and give neares lawn) | | | |
| y | | d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION) | give street address) Hospital | | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO | | | |
| 2 | - | NAME OF DECEASED (Type or print) | les W. | A Fa | ansly 4. DATE Month Day Year OF DEATH OCH, 11, 196, | | | |
| | S. S | 6. COLOR OR RACE | | CED 8. I | Open 7 1893 9. AGE (In years lat brithday) Manths Days Haurs Min. | | | |
| | 7 | J. USUAL OCCUPATION (Give kind of work during most of working life, even in retire farther's NAME | t done 10b. KIND OF BUSINESS | 9 | 12. CITIZEN OF WHAT COUNTRY Calred Co., That 14. MOTHER'S MAIDEN NAME Commerce Maiden NAME | | | |
| | 15. (Yes | WAS DECEASEDEVER IN U. S. ARMED FC (If yes, give wor or dates of | | 785EL | Cla Mac Ramsen - St. Lunar & M | | | |
| 0 | | gave rise to immediate couse (b), stating the under- | (a) Bilai (b) STRO | lose | Presuoria · Sentypuia · INTERVAL BETWEEN ONSET AND DEATH | | | |
| | CERTIFICATION | | (c) Inditions <u>Contributing</u> to | DEATH BUT NO | NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES \(\sum_{\text{NO}} \text{NO} \) | | | |
| | | 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | H | OCCURRED. | (Enter nature of injury in Part 1 ar Part II af item 18.) | | | |
| | MEDICAL | 20c. TIME OF INJURY Month, Doy, Y Haur a.m. p. m. 19 | While Not while | | CE OF INJURY (Hame, farm, 20f. (City ar lawn) (County) (Statest, office bldg., etc.) | | | |
| | 21. I certify that (I) (this hospital) attended the deceased from Q = 716, 1961, to Q = 1961, that (I) (we) last saw the deceased alive on Q = 1961, and that death occurred at 52 M from the causes and on the date stated above. | | | | | | | |
| | | 220. SIGNATURE | an fulland | М.(| | | | |
| | | 22c. PHYSICIAN'S NAME (Type) Issam F. El | -Damalouji, M. D. | | 22d. ADDRESS | | | |
| | | BURIAL CREMATION, 236 DATE THERE | 1961 Wales | Men | novial Island breek. Cabretto-mo | | | |
| | 4 | FUNERAL DIRECTOR'S SIGNATURE | en - mut | ial, | Med. 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE CITIEN & Thomas | | | |



PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

| 11215 CERTIFIC | ATE OF DEATH |
|---|--|
| 1. PLACE OF DEATH O. COUNTY 14LUERT CO MARYLANI | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY A C c |
| b. CITY OR TOWN (If autside carporate limits, write, c. LENGTH OF STAY IN 11 RURAL and give nearest lawn) RURAL TOWN (If autside carporate limits, write, c. LENGTH OF STAY IN 11 RURAL TOWN AND ARTHUR TOWN | c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) |
| d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION EINCE TREPFLICE | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF DECEASED (Type or print) WINETTE RENATA | SCHULTZ 4. DATE OFT 20 196 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED | FeB 10 1952 Institution of Hours Min. |
| 106. USUAL OCCUPATION (Give kind af wark dane during mast af warking life, even if relired) | LIMMAPORIS, Med USA |
| NORMAN B. SCHULTZ | 14. MOTHER'S MAIDEN NAME K. WALTER |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) 11 yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | Norman B. Schult ShooySive |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), staking the underlying cause last. DUE TO Canditians, if any, which gave rise to immediate cause (a), staking the underlying cause last. | Jeve (Heart Envoluent) + |
| 1 Heart mum a | |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | IRED. (Enter nature of injury in Part I ar Part II of item 18.) |
| 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Haur a. m. While Nat while at wark at wark | PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (Stal factory, street, affice bldg., etc.) |
| 21.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an OCF 20 1961, and that | n |
| 120. SIGNATURE Lawellaneul | M.D. ATTENDING MED. STAFF |
| 22c. PHYSICIAN'S NAME (Type) RIE HILLARRED [M/ | 22d. ADDRESS 5+ LEONARD - MD |
| 239 BURIAL CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERS REMOVAL ISPOSITY 3C + 22/9(1 WOOD F | ield , Galesville Mid |
| 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS COLOR | DATE OCT 2 4 '61 CIVILIA S. KILLA |

THE RESERVE OF THE PARTY OF THE PARTY. a company the supering